



Louisiana Department of Health and Hospitals
Office of Public Health

Application for Individual Onsite Wastewater Treatment System Installer License

Date: _____

IF-01
Rev. 6/03

License Type: **G Basic** **G Combined**

Please type or print

Name: _____

Nature of Action:

Address: _____

G New Application

City, State, Zip: _____

G Renewal

Area Code, Phone: _____

G Out of business

Social Security No.: ____ - ____ - _____

G Add endorsement

Company Name: _____

G Change of name/address

Mailing Address: _____

G Change of co. name/address

City, State, Zip: _____

Area Code, Phone: _____

Certification

I hereby certify that I have read, understand, and shall comply with the applicable provisions and requirements of Title 51, Part 13 of the Sanitary Code, State of Louisiana.

Signature of applicant: _____

ATTACH REQUIRED INFORMATION LISTED BELOW:

TProof of general liability insurance for coverage of no less than \$100,000 each occurrence/\$300,000 aggregate.

TCheck or money order, payable to LDHH/OPH for one hundred dollars U.S. (\$100.00).

TOriginal mechanical plant endorsement(s); copies will not be accepted.

TCopy of exam results for new installers or for those individuals who had not attended within five years prior to renewal.

TCompleted IF-02 form, Acknowledgement of Training Course Requirement (for new installers).

Mail to: LDHH/OPH
 Sanitarian Services, Box 11
 6867 Bluebonnet Boulevard
 Baton Rouge, LA 70810

Office use only:

By:

G Approved

Date:

G Disapproved

PIV #:

Check #:

Permit No.: